



## ARIZONA EARLY INTERVENTION PROGRAM

# Individualized Family Service Plan (IFSP)

## IFSP Guidance Document



## ARIZONA EARLY INTERVENTION PROGRAM CHILD AND FAMILY PAGE

**Child ID No:** Record the assigned identification number for this child.

**Dates:** Record by month/day/year the referral date, eligibility date, initial IFSP date, 6 month, and annual IFSP dates (date IFSP is signed by parent), as well as any other review dates.

**Service Coordinator:** Record name of the Service Coordinator, agency, phone number, and email address.

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Gender:** Select the child's gender.

**Child Resides With:** Select the primary caregiver's relationship to the child. Record the primary caregiver's name (For information about when a surrogate parent is needed, please refer to Chapter 7, *Procedural Safeguards*, of AzEIP's Policy and Procedure Manual.)

**Address:** Enter the address where the child physically resides.

- If needed, fill out the **Additional Contact Person** section if the child **does not** reside with the responsible party (for a child in foster care: biological/surrogate parent).

**Major Cross Streets/ Directions:** Record the major intersections near the home or driving directions to the home.

**Phone/ Email:** Record the primary contact number and email address if applicable. \*Be sure to ask the caregiver what their preferred method of contact is.

**Language of the home:** Record the **primary** language/mode of communication of the family and indicate whether an interpreter is needed.

**School District:** Record the name of school district the child resides within.

**PEA Notification / Referral Form:** Record the date notification must be submitted to the school district (no later than the date the child is 2.9 years old) For late referrals where the initial IFSP occurs after 2.9 years, PEA Notification must be before the child is 2 years, 10.5 months.

**Health Insurance Information:** Select whether parental consent to use private insurance was provided. If yes, record the date consent was provided. *Consent is not required for children insured under Medicaid (AHCCCS, CMDP, or IHS. However, the Medicaid and health plan and identification number must be provided.*

**Primary Care Provider:** Record the name of the child's primary physician and the contact number to the doctor's office.

**Health Insurance Co/Plan:** Record the name of the insurance company, the group number, the insurance identification number, and the effective date of coverage (if known).

**Name of Insured/ ID #:** Record the name of the primary person whom the insurance policy is under (parent or guardian). Record the insurance identification or member number.

**AHCCCS/ALTCS Health Plan:** For children insured under Medicaid, record their health plan name and identification number (if applicable).

While the above information is important for the family and the IFSP team, circumstances may exist when a parent or foster parent asks that certain information (such as name/address/telephone number) not be included on this document for safety or other reasons. Under these circumstances, please write that fact in the space where the information would have been provided and record elsewhere in the child's file.

*Related Legal Requirements: Individuals with Disabilities Education Improvement Act (IDEA), Part C 34 CFR §303.344(g) Content of an IFSP, Service Coordinator. The IFSP must include the name of the Service Coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.*

## ARIZONA EARLY INTERVENTION PROGRAM HEARING SCREENING TRACKING FORM

### The Service Coordinator:

- Selects IFSP type: ☐ **Initial IFSP** / ☐ **Annual IFSP**
- Completes the demographic information based upon interview with the family:
  - **Child's Name**
  - **Child's Date of Birth**
  - **Mother's Maiden Name**
  - **Birth Order**
  - **Birthing Hospital**
- Completes a **Review of Medical History/Records** to:
  - Determine if hearing loss has been previously diagnosed
  - Review results of newborn hearing screening, which can be found on the back of the child's immunization record booklet, or in discharge summary from hospital. *Every child born in Arizona will have newborn hearing screening. All babies who refer on the newborn hearing screening should have a follow-up screen.*
  - Review results of any follow-up outpatient screen found in medical records. All babies who refer on the follow-up outpatient screen should have an Auditory Brainstem Response (ABR) test or behavioral testing (audiogram).
- Checks **Indicators/Risk Factors** present for hearing loss, gathered through interview with the family and review of medical records.
- Review **Guidelines for Follow-Up Hearing Screening** to determine need for additional screening through AzEIP.
- If a hearing screening is needed, records results on bottom of Hearing Screen Tracking Form in the **Results of Hearing Screening** box.
- If AzEIP screening determines a need for follow-up with medical provider (pediatrician, ENT or pediatric audiologist) uses the Hearing Screening Referral Form found on the AzEIP website with the Hearing Screen Tracking Form. With parent consent, attach both forms together and send to medical provider.
- Once the IFSP is finalized, the Service Coordinator dates any additional hearing information and makes changes to the Hearing Screening Tracking Form. Use the **Rescreen** section for additional hearing results.
- **The hearing screening tracking form should be updated at least annually and more frequently if needed.**

**Related Legal Requirements:** IDEA, Part C 34 CFR §303.322 Evaluation and assessment ... (c) Evaluation and assessment of the child. The evaluation and assessment of each must – Include the following: ... (ii) An evaluation of the child's level of functioning in each of the following developmental areas: ... (B) Physical development, including vision and hearing

## ARIZONA EARLY INTERVENTION PROGRAM VISION SCREENING CHECKLIST

### The Service Coordinator:

- Selects IFSP type: ☐ **Initial IFSP** / ☐ **Annual IFSP**
- Completes the demographic information based upon interview with the family:
  - **Child's Name**
  - **Screening Agency**
  - **Child's Date of Birth**
  - **Child's Adjusted Age, if needed**
- Records the name of the person who completes the form in the **PERSON COMPLETING THE CHECKLIST** section.
- Shares with the family the three sentences located after the **Screening Note** discussing seeing an eye doctor.
- Records the information:
  - **whether the child has seen an eye doctor**
  - **the doctor's name, address, and phone number**
  - **additional vision information**
    - *If the child has a medically identified vision condition, indicate it in the eye doctor section **and** complete the screening*
- Through discussion with the family and a review of medical records, completes the **RISK FACTORS FOR VISION LOSS** section with the information the family is willing to share. Share with the family the purpose of this section using the sentence located below the title of that section.

- Through discussion with the family, completes the **BEHAVIORAL SIGNS THAT MIGHT INDICATE VISION LOSS** section. You are looking for consistent visual behaviors that occur when the child uses vision in their daily routines.

**For example**, a child who cannot see any dropped toy even though he might look for it or perhaps can only see it if it is large and bright would be checked. A child who does not see a dropped toy because his attention was immediately directed elsewhere (i.e., he forgot about the toy) would not be checked.

- If behavioral signs are checked, ask the family to send a copy of the completed checklist to their child's health care provider and recommend discussing a referral to a pediatric eye doctor. With consent from the parent, the Service Coordinator can send the checklist on behalf of the family.
- Selects the appropriate check box at the end of the screening:
  - ☐ **No indicators**
  - ☐ **One or more risk factors**
  - ☐ **One or more behavioral signs**
- Completes the screening with the family and signs at the bottom of the form - **Signature**.
- Complete all of the fields on the form. If the field does not pertain to the child, indicate with a long dash or write n/a.

**Related Legal Requirements:** IDEA, Part C 34 CFR §303.322 Evaluation and assessment ... (c) Evaluation and assessment of the child. The evaluation and assessment of each must – Include the following: ... (ii) An evaluation of the child's level of functioning in each of the following developmental areas: ... (B) Physical development, including vision and hearing

**ARIZONA EARLY INTERVENTION PROGRAM  
NATURAL LEARNING OPPORTUNITIES  
EVERYDAY FAMILY ACTIVITIES, SETTINGS, AND INTERACTIONS PAGE**

**The process for completing this page:**

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

- This page should summarize a conversation with the family about their daily routines and activities.
  - Bulleted statements may be most helpful rather than trying to capture every word the family says.
  - Areas that the family might share are: outings to the park, or other places, routines in their daily schedule, activities and toys that their child really enjoys, and interactions with people throughout the day.
  - It is important to get a sense of what is enjoyable and what is challenging for the child and family. Enjoyable activities are opportunities for building on strengths and challenges are opportunities for creating functional outcomes.

**Step One:** Ask the family about what happens throughout the day and how their child interacts with the family and others during these everyday activities.

**Step Two:** If you get very basic information i.e. "he wakes up, eats, plays, takes a nap and goes to bed", **ask probing questions** such as "What is it like when he wakes up? Does he wake up happy or grumpy? Is this an easy time in the family routine or a challenge? Who does he interact with when he wakes up? Who helps with this routine?"

**Example:** Family says: "he plays with his toys".

**Probing questions:** What toys seem to be his favorites? Are there any he doesn't like? How does he play with them? Are others involved in the play? What do they do? How does he respond? Is playtime a challenge for you in anyway?

**Step Three:** Repeat for all routines. All families have basic routines such as getting up in the morning, eating, participating in some activities during the day and going to bed at night. These are a starting point to build on.

**Some questions that may help the conversation are:**

- Who are the family members and favorite people that your child spends time with? What do they enjoy doing?
- How often do you spend time together with friends? What do you do with their friends?
- Does your child spend time in any community activities? When? With whom? How is that going for you?
- At child care or preschool, does your child have a favorite teacher? Why do you think he likes her best?
- How does your child participate in \_\_\_\_\_ (any activity)? What can he do by himself? What does he need help with?

*Related Legal Requirements: IDEA, Part C  
34 CFR §303.12 Early Intervention Services (b) Natural environments  
To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.*

**ARIZONA EARLY INTERVENTION PROGRAM  
FAMILY RESOURCES, PRIORITIES, CONCERNS, AND INTERESTS PAGE**

**The process for completing this page:**

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

**Family Resources, Priorities, Concerns and Interests:**

- Explain to the family that this assessment of their resources, priorities, concerns and interest is voluntary. If the family does not wish to share information, note such on the page.
- Bulleted statements may be most helpful rather than trying to capture every word the family says.
- **Resources** may be the family's skills and supports, and/or may be other family members, friends, and community. **Priorities** are those things that are most important to them. **Concerns** could be their worries and what they want help with. **Interests** may be things they would like to do or things they would like their child to participate in more.

**Step One:** Explain to the family that this portion of the assessment process is voluntary and that the information they share can assist with the development of outcomes that are meaningful to the family and address their concerns and interests in helping their child grow and develop.

**Step Two:** Ask the family about resources they may have, concerns about their child, interests they would like to explore and what is most important for them and the team to address.

**Step Three:** Document their responses.

**Other Services (In Place or Needed)**

- Explain to the family that the purpose of this section is to identify what resources the family is already utilizing and areas in which the Service Coordinator and/or other team members can link or refer the family for assistance.

**Examples of resources for the family include:** child care, insurance (such as AHCCCS, and/or ALTCS), Raising Special Kids, WIC, information sources on child development, housing, food stamps, and domestic violence shelters.

**Resource(s) / Service(s) / Support(s):** Record the name and type of the support in the table. This includes medical services the Service Coordinator will assist the family with accessing; and/or religious, social or other child related services that the child needs but are not required early intervention services under Part C of IDEA. This may include therapy services that the child receives outside the AzEIP system.

**If Needed:** Check this box if the listed support or service is needed. The Service Coordinator should help the family locate any resources, services, or supports that are checked. If a service or support is not checked, the assumption is that the service or support is already in place for the family.

**Payment Source:** The payment source for each service or support is listed here. For example, a family has enrolled their child at the Desert Valley Daycare Center and the child attends three days per week, the funding source is the family.

*Related Legal Requirements: IDEA, Part C*

*34 CFR §303.322 Evaluation and assessment, (b) Definitions of evaluation and assessment*

*...(2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify*

*(ii).The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.*

*34CFR §303.322 Evaluation and assessment, (d) Family Assessment*

*(1) Family assessment must be family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.*

*(2) Any assessment that is conducted must be voluntary on the part of the family.*

*(3) If an assessment of the family is carried out, the assessment must –*

*(i) Be conducted by personnel trained to utilize appropriate methods and procedures;*

*(ii) Be based on information provided by the family through a personal interview; and*

*(iii) Incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development.*

*34 CFR §303.344 Content of the IFSP (b) Family information.*

*With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities and concerns related to enhancing the development of the child.*

## ARIZONA EARLY INTERVENTION PROGRAM SUMMARY OF CHILD'S PRESENT LEVELS OF DEVELOPMENT PAGES

### The process for completing this page:

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

**Initial and Annual IFSP:** The vision and hearing sections must be completed during the initial IFSP process and again at each annual IFSP meeting.

**Vision Screen:** Record the date and name of the Service Coordinator or team member completing the form with the family. Record the **No. of Indicators or Risk Factors** found when completing the screen and provide a copy of the form to the family.

**Hearing Screen:** Record the date and name of the team member and provide the family with a copy of the hearing screening form.

**Note:** If a hearing screening was not conducted within the past 6 months, then strategies for obtaining a screening must be included within the IFSP as either a functional outcome or in the **Other Services (in place or needed)** section. Service Coordinators are responsible for ensuring a hearing screening is provided, which may include follow-up phone calls to family physicians.

**Child's Current Health:** Document any new health concerns, new diagnosis, serious illnesses or accidents, seizures, hospitalizations, and medications taken regularly.

- Update health information at each IFSP review, or as health status changes.

### **Developmental Summary:**

- Complete during the initial planning process by the AzEIP team

and updated at every 6 month and annual review.

- Developmental summaries should be integrated descriptions of the child's abilities within the context of the family's routines and activities.
- Developmental summaries should not be divided into developmental categories with a listing of skills within each category.
- Scores and signatures should not be included in the description.

### **Required Components of All Developmental Summaries includes a statement of the child's development in the following areas:**

- **Cognitive** (understanding & problem solving)
- **Communication** (speaking & understanding)
- **Motor** (using hands and body)
- **Physical – vision, hearing, and health status**
- **Adaptive/Self-Help** (eating, ability to comfort/calm, dressing)
- **Social Emotional** (interacting with others, adjusting to changes, playing)

### **Sources of Information:**

- Conversations with family members, caregivers, team members
- Observations of the child
- Evaluation and assessment information
- Medical reports and records

### **Initial and Annual Development Summaries must include:**

- Family composition, other people important to the child, and time she/he spends with them. Family's current priorities, concerns, and interests with regard to their child's development.



- Assessment procedures: who spent time with the child, what were they assessing, any tools used, the child's participation/reaction.
- Description of the child's ability to engage and participate in social relationships.
- Description of the child's ability to be independent within the family's daily routines
  - Developmental skills that support or hinder the child's participation
  - Child's likes and dislikes
- Description of the child's ability to learn and use new skills.
  - How does the parent/caregiver teach the child a new skill?
  - What new skills is she/he learning?
    - Visual and auditory responses to others
    - Interests, motivations, attention to others
    - Play with others
  - How does the child communicate his needs and desires?

#### **Six month reviews must include:**

- Updated medical status, changes to the family structure and changes to the child's abilities within the context of the functional outcomes that had been the focus of early intervention services.

#### **REMEMBER:**

At the annual update (one year from the initial IFSP), a new IFSP form must be completed. Each form is updated for one year.

#### *Related Legal Requirements: IDEA, Part C*

*34 CFR § 303.322 Evaluation and assessment, (c) Evaluation and assessment of the child.*

*The evaluation and assessment of each child must—*

*...(3) Include the following:*

*(i) A review of pertinent records related to the child's current health status and medical history.*

*34 CFR § 303.527 Payor of last resort*

- (a) ...Therefore funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.*

*34 CFR §303.344 Content of an IFSP, (a) Information about the child's status.*

*(1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.*

*(2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria.*

*Note: Because the needs of infants and toddlers change so rapidly during the course of the year, certain evaluation procedures may need to be repeated before conducting the periodic reviews and annual evaluation meetings in paragraphs (b) and (c) of this section.*

## ARIZONA EARLY INTERVENTION PROGRAM FUNCTIONAL OUTCOME FOR CHILD AND FAMILY PAGE

### The process for completing this page:

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

- Document outcomes identified as a result of gathering useful and functional assessment information based on a child's participation in the contexts of everyday activities that are consistent with the family's values, interests, priorities, and concerns.

### From what we know about your child's interest, routines, and abilities, and the possible supports available within your family and community, what would your family like to have happen/change in the next few months?

- Team reviews information gathered through discussions with the family during the assessment related to priorities, concerns, interests and their child's development as it relates to everyday routines and activities. Review the following pages:
  - Natural Learning Opportunities - Everyday Family Activities, Settings, and Interactions
  - Family Resources, Priorities, Concerns, and Interests
  - Summary of Child's Present Levels of Development
- Based on review of this information, the team assists the family in identifying potential outcomes.
- Team Lead or Service Coordinator encourages family to prioritize their outcomes. "When you think about your priorities, concerns

and interests, what would you like the team to focus on with your family?"

- Using the list of prioritized outcomes, the team, which includes the family, writes the outcomes to ensure that all team members have a clear understanding of what the family wants to see happen.
- Outcomes must focus on the family's priorities, concerns and interests and reflect the child/family's participation in routines and activities.
- Every team member is responsible for participating in this process.

### What is happening now related to this routine or activity?

- Discuss with the family what is currently happening, what they have tried, and what has been helpful. If needed, assist the family in reframing the information to illustrate the child's and family's strengths within the activity. This will help the team build upon what is currently working in order to achieve the outcome.

### Strategies that will focus on your family's identified routines and activities, including people and resources.

- Strategies should be related to the activity and/or activity setting identified in the outcome.
- The activity settings for the strategies must be natural environments. Federal law requires early intervention services to be provided in natural environments and can only be provided in other settings when outcomes cannot be achieved satisfactorily in natural environments.

- Natural environments are more than just the home and are often determined by the outcomes and the everyday routines and activities of the family.
  - Natural activity settings/environments may include: park, grocery store, home or community swimming pool, child care center, the library, even an empty parking lot (if the family's outcome is for their child to learn to ride a bike and this is the location where the team can support the child and family best).

### How will we know we've made progress?

- Describe the activities and/or skills that will be observed as the child makes progress towards achieving the outcome.
- This is not a restatement of the outcome.
- Given that all outcomes must be reviewed every six months, if not earlier, there is no need to put a specific date for when progress will be made. Instead, describing how the family knows there has been progress will provide documentation of this timeline.

### Outcome Status

- The Service Coordinator along with the IFSP team reviews the status of the outcomes at least every 6 months, and more frequently as needed.
- The Service Coordinator documents the status of the review with the date(s) on the outcome page and by marking the appropriate box.

#### Related Legal Requirements: IDEA, Part C

##### §303.12 Early Intervention Services (b) Natural environments.

*To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.*

##### § 303.18 Natural environments

*As used in this part, natural environments means settings that are natural or normal for the child's age peers who have no disabilities.*

##### §303.342 Procedures for IFSP development, review, and evaluation.

*(b) Periodic review. (1) A review of the IFSP for a child and the child's family must be conducted every six months or more frequently if conditions warrant, or if the family requests such a review.*

*The purpose of the periodic review is to determine—*

- (i) The degree to which progress toward achieving the outcomes is being made; and*
- (ii) Whether modification or revision of the outcomes or services is necessary.*

*(2) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.*

*(c) Annual meeting to evaluate the IFSP. A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions.*

*The results of any current evaluations conducted under Sec. 303.322 ©, and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided.*

##### §303.344 Content of an IFSP

##### *(b) Outcomes.*

*The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine—*

- (1) The degree to which progress toward achieving the outcomes is being made; and*
- (2) Whether modifications or revisions of the outcomes or services are necessary*

##### *(d) Early intervention services*

*(1) The IFSP must include (ii) the natural environments ...in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;*

*(d) (2) (ii) )Method means how a service is provided.*

## ARIZONA EARLY INTERVENTION PROGRAM OUTCOMES FOR SERVICE COORDINATION

### The purpose of this page:

- To document the steps and activities the Service Coordinator will complete in order to assist the child and family with accessing the resources and supports the family is interested in.

### The process for completing this page:

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

**Outcome No.:** Each outcome should be numbered consecutively. The number is useful for keeping track of the outcomes; it does not relate to the priority of the outcome.

**What do we want to accomplish? (Desired Outcomes):** Using information gathered from the Family Resources, Priorities, Concerns and Interests Related to Our Child's Development Page and conversations with the family; help the family identify and select the outcomes in which the Service Coordinator is able to assist the family with accessing. General outcome categories could be to:

- Assist the family with accessing services that are at no cost.
  - Working directly or on behalf of the family to provide assistance with learning about community activities they are interested in to support their outcomes for their child, scheduling and facilitating transition planning discussions and conferences.
- Assist the family in accessing community resources.
- Making monthly contact with the family.

- Identifying non-contractor services per the IFSP.
- Contacting and coordinating with programs that the family may be interested in when the child turns three.

**Who will do what? (Strategies/Activities):** Document the necessary steps to be completed by the Service Coordinator, including, but not limited to **how and when** the Service Coordinator will follow up with the family to communicate the status of their progress with regards to obtaining the identified resource(s) and/or service(s).

**Start Date:** Record the date the Service Coordinator will **begin** to take the necessary steps to coordinate the resource(s) and/or service(s) needed to assist the family in accomplishing the identified outcome.

**Target Date:** Record the date the Service Coordinator will **complete** the necessary steps to coordinate the resource(s) and/or service(s) needed to assist the family in accomplishing the identified outcome.

**Review Date:** Record the date the Service Coordinator Outcome was reviewed.

**Progress Code:** Record the status of the outcome by selecting the appropriate box: (N) = new, (C) = continue, (A) = achieved, (R) = revised, (D) = discontinue.

## ARIZONA EARLY INTERVENTION PROGRAM SUPPORTS/SERVICES NEEDED TO MAKE PROGRESS TOWARDS OUTCOMES PAGE

### The process for completing this page:

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

**Family Cost Participation:** The Service Coordinator should re-review Family Cost Participation with the family, ensure the family has received the information about the cost for each service - AzEIP Percent to Pay Table and the appropriate AzEIP Service Providing Agency Rates Sheet for Billable Services, and answer any questions the family may have about Family Cost Participation. The responsible person (often a parent/guardian) must initial.

**Outcome No.:** Indicate by number which outcome(s) will be addressed through each support or service. Be sure to include the outcome numbers from the Outcomes for Service Coordination next to Service Coordination.

**Service:** List the specific service to be provided to meet the unique needs of the child and family to achieve the identified outcome. For the AzEIP Team Based Model Contractors, if the service is a joint visit with the team lead, include the initials "JV" after the service.

**Fees Apply:** Determine if the service listed has an applicable fee under Family Cost Participation. Select Y for yes if the service has a cost and N for no, if the service does not have a cost. For children who are enrolled in ALTCS or who are in foster care, select a N as there are no FCP costs for services to these families.

**Note:** See following page for definitions of services at no cost

**Provider Name:** If known, list the full name of the professional who will be working with the family to deliver the identified service. If the name is not known, list the agency that with whom the provider works (*if known*).

**Service Setting:** Based on the strategies and activities on the *Functional Outcomes for Child and Family* page, select the setting code agreed upon by the team for each service.

**Service Setting Codes:** **H = (home)** the principal residence of the child's family or caregiver(s), **C = (community based setting)** where children without disabilities typically are found, **O = (other)** a setting that is not home or community based, including, but not limited to hospitals, clinics, EI centers, class for children with disabilities. **If 'Other' is selected, attach a Justification Page.**

**Frequency / Intensity:** Record the times per week/month the service will be provided and for how long the service is provided during each session. **Do not use descriptors such as "up to," "as needed," or "to be determined."**

**Funding Source:** Record the source(s) for payment for the service listed in Column 2.

- If a service has an applicable fee/cost, at minimum, you must list 3 for FCP (Family Cost Participation), **unless** the child is in the legal custody of DES (CPS), a tribe or another State's child welfare agency, **or** is enrolled in DDD/ALTCS.
- There **may be** multiple funding sources for each service.

**Examples:** 2,3 = (TPL), (FCP) ; 1,3,4 = (AHCCCS), (FCP), (AzEIP) ; 1,5 = (AHCCCS), (DDD); 2,6 = (PI), (ALTCS)

- For services at **no cost:** enter the funding source number for the appropriate AzEIP Service Providing Agency 5 (DDD), 7 (ASDB) or 4 (AzEIP).

**Planned Start Date:** Record the month/day/year the IFSP Team determines the service will begin.

**Actual Start Date:** The Service Coordinator must go back and document the Actual Start Date for each service.

**Planned End Date:** Record the month/day/year the IFSP Team determines the service is expected to end. The planned end date for each service is determined individually. **The planned end date cannot exceed 6 months from the date of the initial or annual IFSP.** If the child turns three within the next 6-month period, the end date may be no later than the day prior to the child's third birthday.

**Primary Service Setting:** Review the frequency and intensity for each service and then select the service setting in which the infant or toddler receives the most hours of early intervention services. *For children whose only service on the IFSP is service coordination-* if you can determine the setting of the service coordination, then choose the setting where most of the service coordination is provided. If this information is not specified in the IFSP, select the "other" *setting* category.

**Discussion:** If the parent(s) initial **box 1b** on the *Informed Consent by Parent(s) for Services* page, the Service Coordinator **must:**

- Transfer the services(s) and frequency the parent(s) provided consent to into the Discussion Box (this includes consent to receive services at no cost); **OR**
- Write "See Informed Consent page **dated:** (month/day/year)" in the Discussion box.

*Related Legal Requirements: IDEA, Part C*

*34 CFR §303.344 Content of an IFSP, (d) Early intervention services.*

*(1) The IFSP must include a statement of the specific early intervention services necessary to meet the needs of the child and family to achieve the outcomes identified in paragraph (c) of this section, including—*

*(i) The frequency, intensity and the method of delivering the services;*

*(ii) The natural environments, as described in Sec. 303.12(b) and Sec. 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in a natural environment;*

*(iii) The location of the services; and*

*(iiii) The payment arrangements if any.*

*1. As used in paragraph (d)(1)(I) of this section—*

*(i) Frequency and intensity mean the number of days or sessions that a service will be provided, length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and*

*(ii) Method means how a service is provided. 2. As used in paragraph (d)(1)(iii) of this section, location means the actual place or places where the service will be provided."*

*34 CFR §303.344 Content of an IFSP, (e) Other services.*

*(1) To the extent appropriate, the IFSP must include--*

*Medical and other services that the child needs, but that are not required under this part; and*

*The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.*

*(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and 'well-baby' care), unless a child needs those services and the services are not otherwise available or being provided.*

*34 CFR §303.344(f) Content of an IFSP, Dates; duration of services.*

*The IFSP must include—*

*(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and*

*(2) The anticipated duration of those services*

## DEFINITIONS FOR SERVICES AT NO COST TO FAMILIES

Fees will <u>not</u> be charged for the following early intervention services	Definition of Service
<b>II. Activities conducted related to Implementation of the IFSP and Transition</b>	
<p>Service Coordination</p> <p>Administrative and coordination activities related to:</p> <ol style="list-style-type: none"> <li>1. Development, review, and evaluation of IFSPs;</li> <li>2. Transition conferences;</li> <li>3. Implementing procedural safeguards, including dispute resolution; and</li> <li>4. Coordination/Teaming activities on behalf of a family.</li> </ol>	<p><u>Service coordination</u> is (1) working directly with the family to: facilitate IFSP reviews and annual IFSP meetings; implementing procedural safeguards, including dispute resolution, and facilitating transition planning activities and (2) conducting activities on behalf of the family, such as: assisting the family in accessing community resources; making monthly contact with the family; identifying non-contractor services per IFSP; and contacting and coordinating with programs that the family may be interested when the child turns three.</p>
<p>Assessment -</p> <p>may be conducted by the following early intervention service professionals:</p> <ul style="list-style-type: none"> <li>• Occupational therapist</li> <li>• Physical therapist</li> <li>• Speech-language pathologist</li> <li>• Developmental Special Instructionist</li> <li>• Social Worker</li> <li>• Psychologist</li> <li>• Registered dietician</li> <li>• Assistive Technology (AT) provider</li> <li>• Teacher for the Visually Impaired</li> <li>• Orientation and Mobility Specialists</li> <li>• Audiologist</li> </ul>	<p>Assessment is:</p> <p>(a) the gathering and/or synthesis of information about a child's unique strengths and needs, which is documented on the IFSP Summary of Child's Present Levels of Development page; and</p> <p>(b) identification of family resources, priorities and concerns related to their child's development documented on corresponding IFSP pages.</p> <p>Assessment supports the development of IFSP outcomes and the identification of supports and early intervention services necessary to meet IFSP outcomes.</p> <p>Examples of assessment include:</p> <ul style="list-style-type: none"> <li>• The discussion of a child's unique strengths and needs during an annual IFSP. Discussion is informed by the early intervention professionals' ongoing and recent interactions with a family, and may not include use of a formal assessment tool.</li> <li>• Use of a criterion-referenced assessment tool to gather information when early intervention professionals' have not had recent interactions with the family and/or the child has experienced significant changes.</li> <li>• When a new early intervention professional joins the family's IFSP team.</li> <li>• The discussion of a family's priorities during the IFSP meeting.</li> </ul>

Evaluation	Evaluation is conducted to re-determine a child's continuing eligibility for the program and must be completed by a multidisciplinary team (2 different disciplines)
<b>IFSP Team Members –Administration and coordination activities related to the following:</b>	
Development, review, and evaluation of IFSPs;	The Team Lead or IFSP team member(s) attends and participates in the initial, annual, 6 month or other review. The assessment of the family's resources, priorities, and concerns and present levels of development often occur during the IFSP meetings. If assessment is conducted during this visit, it would not be a separate billable unit.
Transition conferences;	A provider from the family's IFSP team must attend the Transition Conference, along with the service coordinator.
Multidisciplinary Evaluation Team (MET)/Individualized Education Program (IEP) meetings;	If requested by the parent, a provider from the family's IFSP team may attend the MET/IEP meeting with the family at the school.
Teaming activities on behalf of a family.	AzEIP Team-based Model for core team members only: (1) team conferencing .75 per team core member, per child, per quarter; and (2) team lead activities not directly with the family (1hr/month)



**ARIZONA EARLY INTERVENTION PROGRAM  
JUSTIFICATION OF EARLY INTERVENTION OUTCOMES  
THAT CANNOT BE ACHIEVED IN A NATURAL ENVIRONMENT**

**The process for completing this page:**

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

**Outcome No:** Record the outcome number that cannot be met in a natural environment.

**Service:** Record the name of the service(s) that will not be provided in a natural environment.

**Location of Service:** Record the location (clinic, hospital, center based playgroup for children with disabilities only) the IFSP team determined the service will be provided.

**Service Provider:** Record the name of the service provider.

**Explain why the outcome(s) could not be met if the service was provided in the natural environment. If there has not been satisfactory progress toward an outcome in a natural environment, describe the alternate environments and/or modifications to the outcome that have been considered, and reasons each was unsuccessful:** Record how and why the IFSP team determined that the child's outcome could not be met if the service was provided in the child's natural environment, including any alternative environments and/or modifications to the outcome that the team implemented. Record the reason each was not successful.

**Explain how services provided in this location may be generalized within activity settings and routines of the family:** Review the information on the *Natural Learning Opportunities* page and record how services provided in this setting will be generalized to support the child's ability to participate in the family's identified routines and activities documented on that page.

**Describe a plan with timelines and supports necessary to allow the outcome(s) to be satisfactorily achieved in natural environments:** Specifically outline, with a timeline, how service providers and the family will move the services from the non-natural environment to the natural environment. Include any specific steps that may need to support the transition.

**Note:** If using the same justification for more than one outcome, you may write one justification and indicate the outcomes with the same justification.

*Related Legal Requirements: IDEA, Part C  
Sec. §303.344 Content of IFSP*

*(b) Outcomes.*

*The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timelines used to determine—*

*... (3) The degree to which progress toward achieving the outcome is being made; and*

*(4) Whether the modifications or revisions of the outcomes or services are necessary*

*(e) Early intervention services*

*(1) The IFSP must include (ii) the natural environments ...in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment.*

## ARIZONA EARLY INTERVENTION PROGRAM TRANSITION PLAN AND TIMELINE PAGE

### The process for completing this page:

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

### The Service Coordinator writes the date in the "Date Achieved" column at the following times:

- **Parent informed of programs:** Discuss transition at the beginning of the child's and family's relationship with early intervention; continue these transition conversations throughout the family's participation in the program.
- **The IFSP Transition Planning Meeting:** This meeting is held close to (but not before) the child's 2<sup>nd</sup> birthday and includes a discussion of:
  - early childhood options available to the child;
  - whether or not the family would like a Transition Conference; this is documented on the following page of the IFSP;
  - the automatic PEA Notification/Referral unless the family opts-out using the following page of the IFSP; and
  - other steps taken to ensure a successful transition.
- **The Invitation to Participate in a Transition Conference:** Sent when the family would like a conference. It is sent to the participants/programs that the family is interested in learning more about.
- **The Transition Conference:** Use the *IFSP Transition Conference and Opt-Out Signature Page* to have the parent sign whether they would or would not like a Transition Conference. The Service Coordinator facilitates this conference and

summarizes the plan using the Transition Conference Summary form.

- The **Multidisciplinary Evaluation Team (MET)/ Eligibility Conference and the Individualized Education Program (IEP)** conference: If the parents request, the Service Coordinator and an IFSP team member attend.
- Completion of the **Child Indicator Summary Exit form** with the parent and the IFSP team and providing the family an **AzEIP family survey** with a postage prepaid envelope.

#### *Related Legal Requirements: IDEA, Part C*

*Sec. §303.344(h) Content of an IFSP, Transition from part C services.*

*(1) The IFSP must include the steps to be taken to support the transition of the child, in accordance with Sec.303.148, to—*

*(i) Preschool services under Part B of the Act, to the extent that those services are appropriate; or*

*(ii) Other services that may be available, if appropriate.*

*(2) The steps required in paragraph (h)(1) of this section include—*

*(i) Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;*

*(ii) Procedures to prepare the child for changes in service delivery, including steps to help the child to adjust to, and function in, a new setting; and*

*With parental consent, the transmission of information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322 and copies of IFSPs that have been developed and implemented in accordance with §§303.340 through 303.346.*

## ARIZONA EARLY INTERVENTION PROGRAM IFSP TRANSITION CONFERENCE AND OPT-OUT SIGNATURE PAGE

### The process for completing this page:

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

### The Service Coordinator documents on this page:

- The family's decision whether they would like a **Transition Conference**.
  - If the family chooses to have a conference, the Service Coordinator also discusses and documents (1) who the family would like invited to attend the meeting and (2) consent from the family for the AzEIP Service Coordinator and any providers to discuss the child and family at the meeting.
  - **Note:** The Service Coordinator **MUST** send a PEA Notification/Referral form to the school for a family who does not want a Transition Conference **UNLESS** the family also opts-out of the PEA Notification.
- The family's decision if they choose to **Opt-out of Public Education Agency (PEA) Notification/Referral**.
  - If the family would like a referral to the school district, they **do not** sign the opt-out section on the *Transition Conference and Opt-Out Signature Page*. It should be left blank.
  - If the family does not want a referral sent to the school district with their directory information, they **must** sign the opt-out page documenting their decision.

- This must be done before the child is 2 years, 9 months, otherwise the Service Coordinator will send the PEA Notification/Referral to the school.
- For children who are late referrals to AzEIP and have their initial IFSP meeting between 2 years, 9 months and 2 years, 10.5 months, the family must opt-out before the child is 2 years, 10.5 months. The Service Coordinator must send the PEA Notification/Referral form to the school by 2 years, 10.5 months if the family does not opt-out by signing the opt-out page of the IFSP.

## ARIZONA EARLY INTERVENTION PROGRAM INFORMED CONSENT BY PARENT(S) FOR SERVICES PAGE

**The process for completing this page:**

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

**Prior to requesting the parent's signature on this page:**

- Summarize what the team is proposing;
- Describe the family's procedural rights and safeguards; and
- Let the family know that if they do not agree with a particular early intervention service, or withdraw their consent to a service after it is first provided, the service may not be provided. However, all other services to which the family consents must be provided.

**Initial\_\_\_\_\_ 1a:** If a parent agrees to the proposed IFSP as written and wants to consent to initiate services, the parent initials here.

**Initial\_\_\_\_\_ 1b:** If a parent does not agree with the proposed IFSP as written but does want to consent to a specific service(s) the parent initials here.

- Ask the parent to write in the service(s)/frequency that they are consenting to initiate. Service Coordinator must complete the Prior Written Notice form documenting why the team is proposing or refusing to initiate a service(s) and provide the family a copy.

The Service Coordinator **must** complete one of the following to note the difference between what the team agreed to for services and what the family consents to:

- Transfer the services the family has provided consent to into the Discussion Box located on the *Services Needed to Make Progress Towards Outcomes* page; **or**
- Write "See Informed Consent page **dated:** (month/day/year)" in the Discussion Box.

**Initial\_\_\_\_\_ 2:** The parent initials here that the Service Coordinator explained their rights under AzEIP and the parent circles whether they accept or decline a written copy of the AzEIP Procedural Safeguards for Families Booklet.

**Initial\_\_\_\_\_ 3:** Discuss with the family the purpose of the AzEIP Family Survey, and ask them to share their experiences about the program by using the survey. Provide the parent with the AzEIP Family Survey and a pre-stamped envelope at each annual IFSP and at or near the exit from the program. Offer assistance to families, if needed, to fill it out or return it. After the explanation and sharing of the Family Survey the family initials here.

**Parent Signature:** The parent(s) provides their written consent by signing on this line. ***(A CPS worker cannot be a parent under IDEA, Part C and cannot sign the document as the parent.)***

**Date:** The parent(s) includes the date of their signature.

Related Legal Requirements: IDEA, Part C

*34 CFR §303.342(e) Procedures for IFSP development, review, and evaluation, Parental consent*

*The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided.*

*34 CFR §303.343(a) Participants in IFSP meetings and periodic reviews, Initial and annual IFSP meetings*

*(1) Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:*

- (i) The parent or parents of the child.*
- (ii) Other family members, as requested by the parent, if feasible to do so;*
- (iii) An advocate or person outside of the family, if the parent requests that the person participate.*
- (iv) The Service Coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.*
- (v) A person or persons directly involved in conducting the evaluations and assessments in Sec. 303.322.*
- (vi) As appropriate, persons who will be providing services to the child or family.*

*(2) If a person listed in paragraph (a)(1)(v) of this section is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including--*

- (i) Participating in a telephone conference call;*
- (ii) Having a knowledgeable authorized representative attend the meeting; or*
- (iii) Making pertinent records available at the meeting.*

*34 CFR §303.343(b) Participants in IFSP meetings and periodic reviews, (b) Periodic review*

*Each periodic review must provide for the participation of persons in paragraphs (a)(1)(i) through (a)(1)(iv) of this section. If conditions warrant, provisions must be made for the participation of other representatives identified in paragraph (a) of this section."*

*34 CFR §303.403 Prior notice; native language, (a) General*

*Written prior notice must be given to the parents of a child eligible under this part a reasonable time before a public agency or service provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family. 34 CFR §303.403 Prior notice; native language, (b) Content of notice*

*The notice must be in sufficient detail to inform the parents about -*

*. . . (3) All procedural safeguards that are available under §§ 303.401-303.460 of this part; and*

*(3) The State complaint procedures under §§ 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures."*

## ARIZONA EARLY INTERVENTION PROGRAM IFSP TEAM PAGE

**The process for completing this page:**

**Select IFSP type:** ☐ **Initial IFSP** / ☐ **Annual IFSP**

**Child's Name:** Record child's legal name.

**Date of Birth:** Record the month/day/year of the child's birth.

**Date:** Record the month/day/year of the IFSP.

**List all team members, present or not, who contributed to the development of the IFSP.**

**Service Coordinator:** Record the name of the Service Coordinator.

**Team Lead:** Record the name of the Team Lead.

**Team Member:** Record the name of the Team Member and their discipline.

**Agency/Program:** Record the name of the Agency / Program the team member works within.

**Phone No:** Record the team member's phone number (and/or email address).

**Method of Participation:** Record how the Team Member contributed to the development of the IFSP;

- In person
- By phone
- Provided a report

**Date:** Record the date of the Team Member's method of participation